

## St. Joseph County Department of Health "Promoting physical and mental health and facilitating the prevention of

disease, injury, and disability for all St. Joseph County residents"

## Application for Tattoo and/or Body Piercing Facility Renewal

Name of l	Facility:			
Address o	of Facility:			
City:		State:	ZIP:	
Phone:	Fax:	E-Mail:		
Please ch	eck one:			
	o & Body Piercing Facility: Piercing Facility:	Tattoo Facility:	_	
Days and	Hours of Operation:			
Signature of Facility Owner		Da	te	
Printed N	ame of Facility Owner			
	nal Checks are accepted. We will accept nard, or Discover. Please Note: We are no	· · · · · · · · · · · · · · · · · · ·		
envelope	enewals will continue to be accepted thr with the two hundred fifty dollar (\$250.00 usiness days for processing.	0		_
	FOR OFFICE USE ONLY!			
	Date Paid:	Fee Paid:		
	Transaction #:	Late Fee:		
	Dept. Employee:	Total Paid:		
	Service Request #			